

ConnPACE, Medicaid and SAGA Members:

News about generic medications and
'prior authorization' of brand-name medications
in Connecticut's prescription drug
assistance programs

- **Do you get medications at the pharmacy with the help of ConnPACE, Medicaid or State-Administered General Assistance? The Connecticut Department of Social Services wants you to know about changes to promote the use of generic prescription medications.**
- **Your doctor will be asked to prescribe a generic medication when one is available, and when it's safe, effective and equivalent to a brand-name medication.**
- **Doctors and pharmacists are aware of the changes in the DSS prescription drug assistance programs. If a doctor still wants to prescribe a brand-name medication instead of a generic medication, he or she can request what's called 'prior authorization' to do so.**

The reason for all this is simple. For the state to continue to afford prescription drug assistance to the elderly, people with disabilities and other eligible beneficiaries, we have to find ways to reduce costs while supporting the health of our clients. To help control costs, the General Assembly has authorized the Department of Social Services to require physicians to prescribe generic medications when safe and appropriate. If your doctor wants to prescribe a brand-name medication when there is an equivalent generic drug, he or she will now have to request 'prior authorization' from a 24-hour/7-days-a-week Clinical Call Center.

This is already standard practice in private and commercial health insurance plans. Now, the state is increasing generic substitution and implementing prior authorization of brand-name medications in our ConnPACE, Medicaid (fee-for-service), and SAGA programs.

Questions and answers:

- **What are generic drugs, and why do I need to use them?**
 - ✓ Generic drugs have identical active ingredients and provide the same health benefits as brand-name drugs. They have been used by millions of Americans over the last 30 years. Basically, a generic drug comes on the market after the patent on a brand-name drug expires. Other pharmaceutical firms can copy the brand-name drug and produce identical, cheaper drugs that do the same thing.
 - ✓ The State of Connecticut requires use of equivalent generic drugs because they are significantly less expensive. Right now, Connecticut taxpayers spend over \$450 million on medications for ConnPACE, Medicaid and SAGA members each year. We need to find ways to save taxpayer dollars to keep prescription drug assistance going.

- **But generic drugs have been around a long time. What's new about this process?**
 - ✓ It's true that generic medications have been part of our health care system for decades. In fact, the State of Connecticut's prescription drug assistance programs have encouraged the use of generic medications. What's new is that we are implementing a process for prior authorization of brand-name drugs for the first time. This will have the effect of encouraging additional use of generic medications, when safe and appropriate. Prior authorization will also apply to early re-fills of prescriptions; and prescriptions costing more than \$500 for up to and including a 30-day supply,

- **Why is prior authorization of brand-name drugs so important?**
 - ✓ Simply put, prior authorization is a check to make sure that a brand-name medication is really medically necessary when an equivalent generic medication exists. We generally require generic prescriptions in our programs. But if a doctor wants to prescribe a brand-name drug, he or she must request 'prior authorization' of that prescription with the 24-hour/7-days-a week Clinical Call Center (that is, when an equivalent generic drug is available).
 - ✓ Prior authorization will also help prevent inappropriate early re-fill of prescriptions, and act as a check on prescriptions costing over \$500 for up to and including a 30-day supply. Early re-fill limits are a common

practice to protect patients by making sure they are taking the correct doses of their medication, and to prevent fraud or abuse of medications.

- ✓ Pharmacy prior authorization was approved by the General Assembly as a cost-saving measure that will not in any way adversely affect the health of ConnPACE, Medicaid and SAGA beneficiaries.

- **What will generic substitution and prior authorization mean to me?**

- ✓ Most people will not notice any difference in their medication treatment, or when picking up medications at the pharmacy. First of all, not every brand-name medication has a generic substitution. And generic medications, when available and as prescribed by a physician, have the same health benefits as brand-name medications.
- ✓ Your pharmacist is familiar with the changes, and has information about your medications in his/her computer system. Doctors have also received information about the changes. Doctors and pharmacists are used to working with generic substitution and prior authorization in commercial health insurance. All this should mean little or no inconvenience to you.

- **But suppose my doctor wants to prescribe a brand-name drug, even if an equivalent generic drug is available? How does prior authorization work?**

- ✓ Your doctor must contact the Clinical Call Center for prior authorization if prescribing a brand-name medication when an equivalent generic medication exists.
- ✓ The Clinical Call Center is staffed by pharmacists and pharmacy technicians, with physicians and other medical professionals available as needed. It is operated under contract to the Connecticut Department of Social Services by ACS State Healthcare, a national administrative services organization that assists several other states in the prior authorization process.
- ✓ The Clinical Call Center may grant prior authorization for the brand-name medication, depending on the individual situation. Or, the Clinical Call Center may ask the doctor to reconsider and prescribe the generic medication.

- **What if my doctor and the Clinical Call Center can't agree?**

- ✓ If your doctor requests prior authorization for a brand-name medication--and is denied by the Clinical Call Center—the doctor can take further steps if he or she insists that a brand-name medication is necessary. While this happens, you will get a five-day supply of the brand-name medication at the pharmacy. Within that five-day period, the Clinical Call Center will work with the doctor to make a final determination. If the Clinical Call Center accepts the doctor's justification, you will get the full prescription supply of the brand-name medication.
- ✓ On the other hand, if the Clinical Call Center determines that the generic drug should be given, the doctor will be sent a denial notice. Your doctor can then request reconsideration through further appeal, which will be reviewed and decided by ACS State Healthcare, operator of the Clinical Call Center. In addition, you, as the DSS client, have full appeal rights, including the right to an administrative hearing with the Department. Those rights are described in a question and answer below. While the doctor's request for reconsideration (and/or your appeal rights) are being decided, you will be given the remainder of the generic prescription supply.

- **What if my doctor doesn't request prior authorization in the first place? I mean, the doctor prescribes a brand-name drug and, when I show up at the pharmacy with the prescription, the pharmacist tells me nobody requested prior authorization and I can't have the drug.**

- ✓ If, for some reason, your doctor does not contact the Clinical Call Center for prior authorization, and you bring the brand-name prescription to the pharmacy, your pharmacist can contact the Clinical Call Center or your doctor. The Clinical Call Center will discuss your prescription with your doctor and a decision will be made about whether to prescribe a brand-name or generic drug. If this happens, it will take no longer than two hours before you get a prescription medication.
 - ❑ If the doctor and Clinical Call Center agree on a generic prescription, you'll get the full supply.
 - ❑ If the doctor and Clinical Call Center agree on a brand-name prescription, you'll get the full supply.
 - ❑ If the doctor and Clinical Call Center can't agree on what drug to prescribe, you'll get a five-day supply of the brand-name medication while a final determination is made. In other words: you will receive at least a temporary supply of a prescription medication within two hours.

- ✓ If the pharmacist can't reach the doctor in the first place; or the doctor hasn't supplied a medical reason for giving you the brand-name drug within two hours, you will get a five-day supply of the brand-name drug while the final decision is made on the longer prescription.
- **What about drugs I'm supposed to take on an ongoing basis—like high blood pressure or cholesterol medications?**
 - ✓ Prior authorization of brand-name medications is needed only once for long-term 'maintenance' drugs like high blood pressure and cholesterol medications and other long-term drugs.
- **What about shorter-term drugs, like antibiotics?**
 - ✓ For non-maintenance medications, such as antibiotics, prior authorization will not be needed at all for a prescription of a brand-name medication for less than 15 days. For prescriptions of brand-name medications for 15 days or longer, prior authorization will be needed for the first prescription every six months.
- **What if my doctor prescribes a new drug for me of the same type? Like, one cholesterol-lowering drug didn't work, so he's trying another one?**
 - ✓ Drugs within the same therapeutic class will be exempt from prior authorization. For example, if one 'statin' drug for high cholesterol is prior-authorized and the doctor changes your prescription to another statin drug, no new prior authorization would be required. Similarly, if the strength has changed, no new prior authorization would be required.
- **In addition to a situation where a physician prescribes a brand-name drug and an equivalent generic drug exists, are there other times when prior authorization is needed?**
 - ✓ Yes. There are two other situations where prior authorization is required. If your prescription costs more than \$500 for up to and including a 30-day supply, your pharmacist will need to get prior authorization from the Clinical Call Center in order to get paid. If you are seeking an early re-fill, your pharmacist or your doctor will need to get prior authorization from the Clinical Call Center.

- **Earlier, you answered a question about my doctor's right to push for a brand-name medication if prior authorization is initially denied ('What if my doctor and the clinical call center can't agree?') What about my rights as a DSS client?**
 - ✓ If your doctor's request to give you the brand-name drug is denied, you will receive a notice from ACS State Healthcare, operator of the Clinical Call Center. The notice will inform you of the denial and describe your appeal rights. If you want to appeal (challenge the denial), you will have 60 days from the date of the notice to send in a hearing request. If you send in a request, DSS will schedule a hearing. The hearing is a meeting with a DSS hearing officer and a program representative who will explain the reasons for the denial. In the meantime, the Clinical Call Center will automatically reconsider the denial through an administrative review.
 - ✓ At the hearing, you will have a chance to explain why you do not agree with the denial of the brand-name drug. If you choose to, you can bring a lawyer, your doctor or any other person to speak on your behalf. You can also present written materials and ask questions of the program representative. After the hearing, you will get a written decision from the hearing officer. If the hearing officer agrees with you and your doctor, the brand-name drug will be authorized. While the appeal process is going on, you will have the equivalent generic prescription medication.
- **What if my prescription medication is lost or destroyed?**
 - ✓ If you are seeking an early re-fill because of a lost or destroyed prescription drug supply, your pharmacist or your doctor will need to get prior authorization from the Clinical Call Center. In this case, contact your doctor or pharmacist.
 - ✓ An exception is for ConnPACE members—at this time, Connecticut regulations prohibit the payment of early re-fill of prescriptions for ConnPACE members for lost or destroyed medication. (ConnPACE members can, however, pay for early re-fills themselves.)
- **What if my prescription medication is stolen?**
 - ✓ If you are seeking an early re-fill because of a stolen prescription drug supply, your pharmacist or your doctor will need to get prior authorization from the Clinical Call Center. In this case, contact your doctor or pharmacist.
- **What if I'm going on vacation and need an early re-fill of a prescription?**

If you are seeking an early re-fill, your pharmacist or your doctor will need to get prior authorization from the Clinical Call Center. So contact your doctor or pharmacist for this purpose. Note: ConnPACE members can get early re-fill to accommodate a vacation schedule.

- **What if my prescription drug doesn't agree with me?**

If your prescription does not agree with you, you should contact your doctor. Your doctor would be the most knowledgeable and appropriate person to address your needs.

- **What if I have a problem or complaint and I don't know where to call?**

If you are uncertain or confused by any part of the prior authorization process, the best thing to do is to call your doctor. He or she has worked with prior authorization in commercial health plans, and has received training materials about the State of CT's prior authorization program. He or she can also contact the Clinical Call Center on your behalf.

If you want to check on what's going on with a prior authorization request involving your prescription, you can call the Clinical Call Center at 1-866-754-4113. For more general information and referral about prior authorization and prescription drug assistance, you can contact Infoline by dialing 2-1-1.

Where to call--at a glance...

<i>Call:</i>	<i>Purpose:</i>	<i>Number:</i>	<i>Hours:</i>
211 Infoline	<ul style="list-style-type: none">• If you need general information about prescription medication assistance programs.• To receive information and referral about prior authorization.	2-1-1 (toll-free)	24 hours, 7 days
Clinical Call Center (ACS State Healthcare)	<ul style="list-style-type: none">• If you need to check on the status of a specific prior authorization matter.	1-866-754-4113 (toll-free)	24 hours, 7 days
Your doctor	<ul style="list-style-type: none">• To discuss your medication needs.• To get an explanation of how prior authorization may affect your medication needs.• Notify your doctor (or your		

	<p>pharmacist) if your medication is lost, destroyed or stolen.</p> <ul style="list-style-type: none"> • To seek an early re-fill of your prescription if you are going on vacation. Note: at this time, ConnPACE will not pay for early re-fill of prescriptions for lost or destroyed medication. 		
Your pharmacist	<ul style="list-style-type: none"> • Notify your pharmacist (or your doctor) if your medication is lost, destroyed or stolen; or to seek an early re-fill of your prescription if you are going on vacation. Note: at this time, ConnPACE will not pay for early re-fill of prescriptions for lost or destroyed medication. 		

Prior authorization of brand-name medications will help Connecticut continue to afford the cost of prescription drug assistance for our senior citizens and people with disabilities.

Thank you for your cooperation and support.

Furnished by the Connecticut Department of Social Services as a public information service. Not a comprehensive guide to rights and responsibilities of DSS clients.